U.S. Department of Labor Office of Labor Management = Standards Washington DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil cenalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U \$909	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Raymond Mitchell	Name USF - Unit of UAW Local 2488		
	Labor Organization File Number 530382		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 775 North Main	Street P O Box 199		
City Pontiac	City Pontiac		
State Illinois ZIP Code + 4 61764	State Illinois ZIP Code + 4 61764		
5 Position in labor organization Committee Chairman			
Name and address of Employer (including trade name if any) Name Trade Name if any	7 a Nature of Interest Fransaction or Income		
PO Box Bldg Room No If any	7 b Amount.		
Street			
City			
State ZIP Code + 4			
Signatur o			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the in tructions.)			
Signed March a Thomas March 1			

Name of Person Filing Raymond Mitchell	File Number U	•	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name I Trade Name If any P O Box Bldg Room No If any Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income receive	od .	
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and add ess of Employer o Labo Pelations Consulta (including trade name if any)	14 a Nature of payment 09/25/2004 - Ferdue - 4 Tickets	s 1	
Name Katz Friedman Eagle Eisenstein & Johnson	100,20,20		
Trade Name if any			
PO Box Bldg Room No If any			
Street 77 West Washington St 20th Floor		6,	
City Chicago			
State [111ino18			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.	\$119	